

Information about Driver Education Teacher /Instructor Renewal License

Exemption from License Fee

- ❖ You are exempt from paying the license fee if you are a driver education teacher who is employed by and providing driver education only in a public secondary school, approved private secondary school, applied technology center or region, or an adult education program that offers driver education. No fee can be charged to your students, and your students must be given course credit towards graduation. If you qualify for a fee exemption, the license issued will be termed a “noncommercial” driver education teacher license which authorizes you to provide driver education only while employed by a “noncommercial” driver education school.

Other Information

Your application will be reviewed by the Bureau of Motor Vehicles to determine whether you meet the licensing requirements. If your application is approved, you will be issued a license which will be mailed to you. Your license will expire one year from the date it is issued. Teaching driver education without a valid license is a Class E crime.

Once you are issued a Driver Education Teacher/Instructor license it is your responsibility to notify the Bureau of Motor Vehicles in writing of any change in information on the original license application (e.g., change of name, address, telephone number, driving or criminal record and health). All correspondence and renewal notices will be sent to the licensee's last known address on file with the Bureau of Motor Vehicles

If you have any questions or concerns, please contact this office at 624-9156.

Contact Persons: Eric Bellavance, Ron Lewberg, James Foster, Beth McArthur, Roxy Bittues & Pat Gelinas.

**DRIVER EDUCATION TEACHER AND INSTRUCTOR
RENEWAL LICENSE APPLICATION**

**BUREAU OF MOTOR VEHICLES
DRIVER EDUCATION PROGRAM
STATE HOUSE STATION #29
AUGUSTA, MAINE 04333-0029
TELEPHONE: (207) 624-9156
Fax: (207)624-9158**

Please check ☒ the type of license you are renewing:
Class A ☐ Class B ☐ Truck endorsement ☐

Applicant's Name _____

School associated with _____

Social Security Number _____ Date of Birth _____

Telephone# home _____ work# _____ cell# _____

2. Applicant's Mailing Address _____
(Street) (City/Town) (State) (Zip Code)

3. Applicant's Physical _____
Home Address (Street) (County) (City/Town) (State) (Zip Code)
(if different)

4. Check ☒ any conditions below to which you are or have been subject to:
- | | |
|--|---|
| <input type="checkbox"/> epilepsy/seizures | <input type="checkbox"/> heart trouble |
| <input type="checkbox"/> blackouts/loss of consciousness | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> stroke/shock | <input type="checkbox"/> Parkinson's disease |
| <input type="checkbox"/> mental/emotional | <input type="checkbox"/> paralysis |
| <input type="checkbox"/> limb amputation | <input type="checkbox"/> other disability...(explain below) |

Note: If you checked any box in question 4, please submit a CR-24 form together with your completed application.
If you need this form please contact us at 624-9156.

5. Has your privilege to provide driver education, register or operate a motor vehicle ever been suspended or revoked in this state or any other state or province? ()NO ()YES
(If yes, please explain) _____

6. Have you ever been convicted of violating a motor vehicle law in Maine or any other state or province?
()NO ()YES...(If yes, please write date(s), type(s) and where violation occurred) _____

7. Have you ever been convicted of a crime, other than a traffic offense, in Maine or any other state or province? ()NO ()YES... If yes, please write date(s), type(s) and where violation occurred)_____
8. Is there any proceeding now pending relative to any suspension, revocation, or violation listed in questions 5, 6 or 7 above: ()NO ()YES....(If yes, please explain)_____

SOCIAL SECURITY NUMBER DISCLOSURE STATEMENT

This statement is made in accordance with the Federal Privacy Act of 1974, Section 7(b). Disclosure of your social security number is mandatory and is required by 29-A MRSA § 1301(5) and (6) to apply for or renew a driver's license or non-driver identification card. Your social security number will be used solely for identification purposes and will be kept confidential.

I AM THE APPLICANT FOR A DRIVER EDUCATION TEACHER/INSTRUCTOR LICENSE AND THE INFORMATION CONTAINED HEREIN IS TRUE. I UNDERSTAND THAT KNOWINGLY SUPPLYING FALSE INFORMATION ON THIS FORM IS A CLASS D CRIME AND THAT ANY FALSE INFORMATION WILL RESULT IN THE SUSPENSION OR REVOCATION OF ANY LICENSE ISSUED TO ME.

Signature of Applicant in Full

Date of Application

- ❖ The license renewal fee is \$80.00 and the background check fee is \$15.00, total \$95.00.
- ❖ Make check or money order payable to the Secretary of State or complete the credit card information below.
- ❖ If required, return the completed CR-24 medical form with your application.

I would like to pay my renewal license fee by charging it to my:

- ☐ Visa
- ☐ Mastercard

The amount to be charged to my credit card is:

- ☐ \$95.00

Credit Card Number _____ Expiration Date _____
Month/Year

Your address that you receive your credit/debit card statement at: _____

Name as it appears on the credit card (please print) _____

Signature _____ This transaction cannot be processed without the
cardholders signature.